Company Tracking Number: WCR-CW-073-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Item Filings Adoption/WCR-CW-073-08

# Filing at a Glance

Companies: Employers Insurance Company of Wausau, Wausau Business Insurance Company, Wausau Underwriters

**Insurance Company** 

Product Name: Workers Compensation SERFF Tr Num: WAUS-125915898 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC Co Tr Num: WCR-CW-073-08 State Status: Fees verified and

received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler

Author: Judith Weber Disposition Date: 11/24/2008

Date Submitted: 11/21/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

### **General Information**

Project Name: Item Filings Adoption

Status of Filing in Domicile:

Project Number: WCR-CW-073-08

Domicile Status Comments:

Reference Organization: NCCI Reference Number: Several - see filing

description

Deemer Date:

Reference Title: Several - see filing description Advisory Org. Circular:

Filing Status Changed: 11/24/2008 State Status Changed: 11/24/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt the following approved NCCI Item Filings:

Countrywide-Item B-1410 - Revisions to Basic Manual Classifications and Appendix E-Classifications by Hazard Group effective 7/1/2011. See NCCI CircularCIF-2008-33.

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Countrywide-Item B-1411 - Revisions to Basic Manual Introduction-Application of Manual Rules and Part Two-Classifications effective 4/1/2009. See NCCI Circular CIF-2008-40.

Countrywide-Item R-1397-2008 Update to Retrospective Rating Plan Parameters - Excess Loss Factors effective 7/1/2009. See NCCI Circular CIF-2008-10.

Countrywide-Item R-1398 - 2008 Update to Retrospective Rating Plan Parameters - State Hazard Group Relativities effective 1/1/2009. See NCCI Circular CIF-2008-11.

Please approve this filing submission.

# **Company and Contact**

#### **Filing Contact Information**

Judith Weber, State Filings Analyst

PO BOX 8017

Wausau, WI 54402-8017

Judy.Weber@Wausau.com
(877) 792-8728 [Phone]
(715) 842-6828[FAX]

**Filing Company Information** 

Employers Insurance Company of Wausau CoCode: 21458 State of Domicile: Wisconsin

P O Box 8017 Group Code: 111 Company Type: Wausau, WI 54402-8017 Group Name: State ID Number:

(877) 792-8728 ext. [Phone] FEIN Number: 39-0264050

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Wausau Business Insurance Company CoCode: 26069 State of Domicile: Wisconsin

P O Box 8017 Group Code: 111 Company Type:
Wausau, WI 54402-8017 Group Name: State ID Number:

(877) 792-8728 ext. [Phone] FEIN Number: 36-3522250

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Wausau Underwriters Insurance Company CoCode: 26042 State of Domicile: Wisconsin

P O Box 8017 Group Code: 111 Company Type:
Wausau, WI 54402-8017 Group Name: State ID Number:

(877) 792-8728 ext. [Phone] FEIN Number: 39-1341459

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Company Tracking Number: WCR-CW-073-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Item Filings Adoption/WCR-CW-073-08

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation: \$25 to adopt item filings

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #
Employers Insurance Company of Wausau \$25.00 11/21/2008 24100436
Wausau Business Insurance Company \$0.00 11/21/2008

Wausau Business Insurance Company \$0.00 11/21/2008 Wausau Underwriters Insurance Company \$0.00 11/21/2008

Company Tracking Number: WCR-CW-073-08

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# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/24/2008	11/24/2008

Company Tracking Number: WCR-CW-073-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Item Filings Adoption/WCR-CW-073-08

## **Disposition**

Disposition Date: 11/24/2008 Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment: This filing includes several item filings that are approved on various dates. Below are the effective dates for

each item filing:

Item B-1410 effective 7/1/2011 Item B-1411 effective 4/1/2009 Item R-1397 effective 7/1/2009 Item R-1398 effective 1/1/2009

Rate data does NOT apply to filing.

**Overall Rate Information for Multiple Company Filings** 

Overall Percentage Rate Indicated For This Filing0.000%Overall Percentage Rate Impact For This Filing0.000%Effect of Rate Filing-Written Premium Change For This Program\$0Effect of Rate Filing - Number of Policyholders Affected0

Company Tracking Number: WCR-CW-073-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Item Filings Adoption/WCR-CW-073-08

Item Type	Item Name	Item Status	<b>Public Access</b>
Supporting Document	Uniform Transmittal Document-Property & Approved		Yes
•	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Approved	Yes
•	Workers' Compensation		
Supporting Document	NAIC loss cost data entry document	Approved	Yes

SERFF Tracking Number: WAUS-125915898 State: Arkansas State Tracking Number: EFT \$25

First Filing Company:  $Employers\ Insurance\ Company\ of\ Wausau,\ ...$ 

WCR-CW-073-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Item Filings Adoption/WCR-CW-073-08

## **Rate Information**

Company Tracking Number:

Rate data does NOT apply to filing.

WCR-CW-073-08 Company Tracking Number:

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Item Filings Adoption/WCR-CW-073-08 Project Name/Number:

# **Supporting Document Schedules**

Uniform Transmittal Document-Bypassed -Name:

**Property & Casualty** 

**Bypass Reason:** Not applicable.

Comments:

**Review Status:** NAIC Loss Cost Filing Document Approved

for Workers' Compensation

**Bypass Reason:** Not applicable.

**Comments:** 

Bypassed -Name:

NAIC loss cost data entry document Bypassed -Name:

**Bypass Reason:** Not applicable.

Comments:

**Review Status:** 

Approved 11/24/2008

11/24/2008

**Review Status:** 

Approved 11/24/2008